PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

	<u> </u>						·		10/	UC		← →
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL	THAN ENTITY
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR 19			NUMBER FILED N			BER EXTRA	٠.	BASIC FE	E AZE	OR	BASIC FEE	890
TOTAL CHARGEABLE CLAIMS			34 minus 20= *			14		X\$ 9=		OR	X\$18=	252
INI	DEPENDENT C	LAIMS	2 minus 3 = *			• .		X42=	*	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
M	JLTIPLE DEPEN	NDENT CLAIM P	RESENT			- Lat		+140=		1	-	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	 	OR	· .	28c	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	1422 THAN 2
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	**.3"	1	=		X\$ 9=		OR	X\$18=	
	Independent	$\mathcal{L}_{}$				=		X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140= ·		OR	+280=	
	TORRESCHI AND THE STATE OF THE	(Column 1)	Management and the second	(Colu		(Column 3)	1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<u>. </u>	RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OŖ	X\$18=	
	Independent	* NTATION OF MU	Minus	***	C AIL	=		X42=		ii. OR	X84=	· · ·
L	PIRST PRESE		ENDEN	CLAIM	IM		+140=	1	OR	+280=		
		7					P	701 (55:1: FEE	<u></u>		TIVIT. ADDIT, FEE!	
	(Column 1) (Column 2) (Column Claims Highest						1 -	: "			eCohen 	
AMENDMENT C		REMAINING AFTER: AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE -	ADDI TIONAL FEE		RATE	ADDI- TIONAL
	Total	**	Minus	***		-		λ\$ 5 =	1.11	ÖR		
	Independent	*	Minus	***		=		X42= =		OR.	X84=-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	:; :		+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR OR	#200= TOTAL	- 1 mg
***	If the "Highest Nu	mber Previously Pa mber Previously Pa iber Previously Paid	id For IN THI	S SPACE	is less tha	in 3, enter "3."	,	ODIT. FEE	propriate box	11.	ADDIT FEE	, <u></u>